



A Comparative Study of Organizational Pathological Patterns: A Strategy for Iranian Organizations

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ARTICLE INFO	ABSTRACT
<p>Received: 30 May 2020 Revised: 30 June 2020 Accepted: 07 November 2020 Online: 08 November 2020</p>	<p>The purpose of this study was a comparative investigation of organizational pathology patterns in order to provide a suitable strategy for Iranian organizations. In order to identify and classify the effective components in organizational pathological patterns and achieve a comprehensive model, we can use the analysis and comparison of existing models. The method of the present study was a qualitative comparative based on content analysis approach. The statistical population including all organizational pathology models and sample of research was selected through purposive sampling method. Data collection method documentary and data were evaluated through internal (content accuracy) and external evaluations (document accuracy). Qualitative content analysis method was also used to analyze the data. Findings reveal that in most of the existing models for organizational pathology, designers have considered dimensions such as structure, systems, goals and missions, strategies, management and leadership styles, communication and environment. In addition, the main difference among patterns is in the financial, marketing and customer orientation dimensions. Another finding of the research is that most models emphasize organizational aspects more than individual dimensions. According to the research findings, organizational decision-makers are advised to choose a model to determine and identify the pathology of their organization that has more in common with other existing models and is also more appropriate to prevalent conditions of Iranian educational organizations.</p>
<p>KEYWORDS</p> <p>Organization Pattern Pathology Strategy</p>	

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1. Introduction

Literature Over the past few decades, organizational environments have been rapidly changing. Under such circumstances, if an organization does not perform a proper and comprehensive assessment of the efficiency and effectiveness of its activities at different levels, it might experience burnout and its survival might be severely affected. In fact, it is almost impossible for an organization to achieve its short-term and long-term goals without its employees' serious acceptance and commitment. In order to identify the extent to which goals have been achieved, organizations design and implement evaluation systems to diagnose existing damages. Organizational pathology is a concept borrowed from biological sciences in the 19th century to deeply examine organizational disorders (Peydaei & Noori, 2012). Organizational pathology requires defining and applying a particular model for understanding organizational issues, collecting and analyzing data, and drawing conclusions to make possible changes and reforms. Barlow (2005) defines pathology as a method of adapting problems and symptoms to a particular disorder. Pathology is the process of using behavioral science concepts and methods to define and describe the status quo in organizations and find practical solutions to increase their effectiveness. Organizational pathology mainly aims to create a framework for increasing efforts to establish organizational health and motivation (Alvardo, 2011) by creating a common understanding of the system and making decisions for possible changes (Alderfer, 2016).

Unlike medical diagnosis, organizational pathology does not merely deal with the problem itself but helps organizations accept change and adopt new paths. At the behavioral level, it often focuses on a particular person's problematic behavior. Members in an organization may engage in behaviors conflicting with the goals of their organization. These behaviors are not a problem but symptoms indicating some abnormalities. Therefore, the behavioral pathology process, like organizational pathology, involves a comprehensive evaluation of the organization system based on specific patterns (Knoble, 2005). The stages of organizational pathology include evaluating the status quo, examining the threats, damages, and their causes, and defining the optimal situation (Jebeli, 2001). A comprehensive pathology can help organizations diagnose their problems, describe their current and future positions, and guide them to achieve their goals (Liab, 1993). An effective and efficient pathology requires a sufficient and accurate understanding of an organization and its current function as well as familiarity with relevant theories and patterns. In fact, these theories play a significant role in collecting and analyzing the required type of data. Change agents

often use the pathological process to assess the current performance level in an organization (Di Pofi, 2005).

There is a growing body of research using different organizational pathological patterns in the context of Iran and several other countries. Slack and Singh (2018) performed a comparative study of government employees' perceptions of organizational culture in Fiji and found that a deep understanding of organizational culture plays an important role in guiding intervention strategies and providing support for sustainable organizational changes. Soltani, Nikookar, Pashaei, and Khalili (2018) examined the pathology of organizational training in an Iranian military center. The results indicated that the organization was in a relatively good condition in terms of functional and process dimensions while it had some problems in its systems and structures. Oliver (2017) examined the application of mixed research methods as a pathological method to determine the organizational performance of a local government in South Africa. The findings suggested that mixed methods are a valid technique to integrate survey data and facilitate a better and comprehensive understanding of the performance of an organization. In addition, Burke and Litwin's Model (1992) proved a useful and valid diagnostic framework for identifying the strengths and areas of performance development. In a study on the staff department of Shiraz University of Medical Sciences, Esfandiari, Kavosi, Ravanbod, Mohabbati, Esfandiari, Salari, and Zanganeh (2017) maintained that behavioral and contextual factors were the most effective and the least effective factors causing organizational damage, respectively. Najafizadeh and Zahedi (2016) examined the employees' performance management system at Qazvin University of Medical Sciences and reported three types of damages including structural damages (e.g., inappropriate performance evaluation system, lack of any link between salary and reward system, & inefficient performance management system), behavioral damages (e.g., managers' lack of commitment to performance management & employees' insufficient knowledge and awareness about performance management system), and environmental damages (e.g., failure to use clients' feedback in performance management system & lack of comprehensive regulations related to performance management system). Mahmudi Kochaksaraei, Farahani, and Rasteh Moghadam (2015) investigated the pathology of a staff training system in an energy company and found that most challenges, strengths, and opportunities were related to the structural component. Saleem and Ghani (2013) used the Weisbord Organizational Pathology Model (1978) to study the banking industry of Pakistan and reported that while there were some problems in terms of rewards, other dimensions such as organizational goals and structure, leadership, and organizational communication were less affected. Rahimi, Siadat, Hoveida, Shahin, Nasrabadi, and Arbabi (2011) used the Weisbord Six Box

Model (1978) to investigate state universities in Isfahan (Iran) and found that damages in the components of goals, structure, rewards, leadership style, communication, and helpful mechanisms were above the average.

Although the history of research on organizational pathology and human resources dates back to a century ago, there is no comprehensive model which takes into account different aspects of organizational damages. Moreover, researchers and organizational pathologists should not have any biases against a particular model since it may not be appropriate for evaluating all organizations (Burke & Litwin, 1992). In fact, choosing one particular point of view in the pathological process might limit the scope of data collection procedures to just a single variable. Therefore, it is absolutely essential to integrate various models to classify organizational damage. The present study aimed to compare and contrast several organizational pathology patterns and their application in Iranian organizations. More specifically, the following research questions were addressed:

- What are the major components of organizational pathology patterns?
- What are the common components among the organizational pathology patterns?
- What are the main differences between organizational pathology patterns?

2. Research Method

Content analysis was used to compare and contrast the organizational pathology models. The statistical population included all organizational pathology models. The research samples, i.e. different organizational pathology models, were selected through purposive sampling based on their widespread application in different studies. The sampling continued until data saturation was achieved. Theoretical saturation was reached in the 16th model. Based on document research method, the current study focused on various international and Iranian scientific databases such as PubMed, Scopus, Web of Science (WOS), Scientific Information Database (SID), and Islamic Scientific Database (ISC). External and internal critiques were used to assess the validity of the obtained records. The internal evaluation was concerned with the importance and accuracy of the content while the external evaluation mainly took into account the importance and accuracy of the document itself. Great care was taken to choose more reputable databases and journals. Qualitative

content analysis method was used to analyze the data. After analyzing the documents, the elements of each pattern were extracted. Then, two tables were prepared based on the pattern of agreement and difference by John Stuart Mill.

3. Results

This section includes three parts, namely, a brief explanation about the organizational pathology patterns, the extraction of the components from the selected patterns, and the differences and similarities between them. Various organizational pathology models have been proposed by different researchers and theorists. Informed by the theoretical saturation approach, the important components of sixteen patterns of organizational pathology models are briefly mentioned.

A) Description of organizational pathology models

1. Leavitt's Model (1965): This model identifies specific variables including task-related, structural, technological, and human variables. Structural variables refer to authority systems, communication systems, and workflow in organization. The technological variables include all the equipment and tools required for task variables. The task variables comprise all the tasks and sub-tasks involved in the provision of products and services. Finally, the human variable focuses on people performing the tasks related to the organization goals (i.e., the provision of products and services).
2. Likert's System Analysis Model (1967): The organizational components in this model are motivation, communication, interaction, decision making, goal setting, control, and performance.
3. McKinsey 7S Model: The seven-variable McKinsey model was developed as a simple and practical model for business institutions. The variables in this model, all beginning with the letter 'S' and known as leverage, are structure, strategy, skills, leadership style, systems, staff, and shared visions (Salvatore & Falleta, 2005).
4. Tichy's Technical, Political, and Cultural (TPC) Model (1983): The environment, history, and resources are considered as the major inputs for any organization. Process variables in this model include mission and strategy, tasks, employee' networks, organizational processes, and emerging networks while output variables are individuals, groups, and organizational performances.
5. High Performance Programing Model (Nelson & Burns, 1984): In this model, the current level of the organization performance is evaluated to design interventions. There are 11 variables such as time frame, focus, management, development, vision, planning change, structure, motivation, leadership, and communication.
6. Individual and Group Behavior Pathology (Harrison, 1994): This model was conceptualized at organizational, group, and individual levels and includes individual attitudes, beliefs, motivation, group status, structure, organizational technology, group behavior, processes, and culture.

7. Burke and Litwin's Causal Model (1992): This model comprises twelve variables, namely, external environment, leadership, mission and strategy, organizational culture, management style, work group climate, motivation, structure, systems, individual and organizational performance, adaptation of job requirements and personal skills, and individuals' needs and values.

8. Six Box Model (Weisbord, 1978): This model includes six main dimensions of organizational life such as goals, structure, relationships, leadership, rewards, and helpful mechanisms (Falleta, 2006).

9. Molecular Model (Cook, 2003): This organizational pathology model was developed for innovative organizations. The first step in preparing this model is to identify the key elements of an innovative organization such as mission, values, and culture. The next step is to identify other elements playing a critical role in the organization. These elements include systems, structure, strategy, environment, and management style.

10. Open Systems Pathology Model (Clark & Copman, 1966): Pathology in this model is based on individual, group, and organizational categories. Identification in the organizational category includes strategy, environment, technology, human resources system, organizational culture, evaluation system, and structure. The group category includes group structure, demographic characteristics, relationships between the members, group norms, cooperation and integrity between group members, and the quality of group decisions. The individual category includes diversity in skills, job identity, job importance, job internal independence and feedback to employees, individual morale, workplace discipline, and the employee's technical and professional growth (Teymoornezhad, 2005).

11. Congruence Model (Nadler & Tushman, 1980): This model, similar to Levitt's model (1965), emphasizes the formal and informal systems in Weisbord's Six Box Model (1978). There are three main categories in this model, namely, inputs (environment, resources, history, & strategy), processes (tasks, individuals, formal, & informal organization), and outputs (individual, group, & organizational).

12. Differentiation and Integration Model (Lawrence, 1967): This model, also called the analytical model, was developed by Paul Lawrence, a consultant on organizational change at Harvard University. It emphasizes the analysis of all aspects of the organization to develop a framework for implementing change strategies. In this model, the tasks based on which the units operate are examined based on four organizational components including the structure of the organizational units, employees' time orientation, employees' orientation towards others, and orientation of the members' goals (Lawrence, 2015).

13. Managerial Consulting Model (Armstrong & Wheatley, 1990): This managerial consulting model was developed for organizational pathology by examining more than 900 organizations. The important factors including planning, work method, employees, marketing, advertising and development, and capital are examined and analyzed.

14. Strategic Pathology Model (Schell, 2004): The strategic approach in organizational pathology is used to diagnose the causes of problems at different levels and dimensions in an organization. This approach has several dimensions such as goals, mission, different strategies (e.g., competitive, task, marketing, operational, & technical), and different resources (e.g., human, financial, & information resources).

15. Balanced Score Card (Kaplan & Norton, 1992): In this model, the balanced score card is used to evaluate the organization performance from four perspectives, namely, financial, customer, business internal processes, and growth and learning. The goals and criteria of the balanced evaluation method are extracted from the organization perspective (Kaplan & Norton, 2004).

16. Organizational Excellence Model (European Foundation Quality Management, 1989): This model is a tool for measuring the establishment of systems in organization as well as a self-assessment and guideline for identifying and determining the managers' course of activities to improve performance. The basic principles and concepts in this model are consequentialism, customer orientation, leadership and goal stability, management based on processes and realities, employee development and participation, learning, innovation and continuous improvement, cooperation development with business partners, and social responsibility (Hemsworth, 2016).

B. Juxtaposition of Models

In this section, components of organizational pathology models are juxtaposed. Table (1) shows the components and their number in each model.

Table (1): The main components of organizational pathology models

Model	Year	Number	Components
1.Open Systems Pathology Model (Clark & Copman)	1966	3	individual, group & organizational Levels
2.System Analysis Model (Likert Rensis)	1967	7	Motivation, communication, interaction, decision making, goal setting, control & performance
3.Differentiation & Integration (Lawrence)	1967	4	organizational units structure, time orientation of employees, the orientation of employees towards others and orientation of members' goals
4.Six Box (Weisbord)	1978	6	goals, structure, relationships, leadership, rewards, and helpful mechanisms
5.McKinsey 7S (Peters & Waterman)	1980	7	structure, strategy, skills, leadership style, systems, staffs, and shared visions
6.Congruence Model (Nadler and Tushman)	1980	3	Inputs, processes & outputs
7. Technical Political Cultural (TPC) Model (Tichy)	1983	3	Inputs variables (environment, history and source, Process (mission & strategy, tasks, employee assigned networks, organizational processes & emerging networks) and Output variables
8. High Performance Programing (Nelson & Burns)	1984	11	time frame, focus, management, development, vision, change state planning, structure, motivation, leadership, and communication
9. Organizational Excellence (European Foundation)	1989	9	consequentialism, customer orientation, leadership and goal stability, management base on processes & realities, employee development, learning, innovation and continuous improvement,

Quality Management) (EFQM)			cooperation with business partners and social responsibility
10. Managerial Consulting (Armstrong & Wheatley)	1990	6	planning, work method, employees, marketing, advertising & development & capital
11. Causal Model (Burke & Litwin)	1992	12	External environment, leadership, mission & strategy, organizational culture, management style, working group climate, motivation, structure, systems, individual and organizational performance, adaptation of job requirements & personal skills and individual's needs & values
12. Balanced Score Card (Kaplan & Norton)	1992	4	Financial strategy, customer, business internal processes and growth & learning
13. Leavitt Model (Scott Morton)	1994	4	task, structural, technological and human variables
14. Individual & Group Behavior Pathology (Harrison)	1994	9	Individual attitudes, beliefs, motivation, group status, structure, organization technology, group behavior, processes and culture.
15. Molecule (Cook)	2003	8	mission, values, culture, systems, structure, strategy, environment & management style
16. Strategic Pathology (Schell)	2004	10	goals, mission, competitive strategies, task strategies, marketing, human resources, financial, operational, information & technical and development & research

Adapted from Cummings & Worley (2005), Mitchell (2005), & Rajaeipour & Naderi (2009)

According to Table (1), most of the models date back to before 2000, with about 38 years gap between the oldest and the newest models. The High Performance Programing Model (Nelson & Burns, 1984) and Causal Model (Burke & Litwin, 1992) have the highest number of components whereas the Open Systems Pathological Model (Clark & Copman, 1966) and Congruence Model (Nadler & Tushman, 1980) have the least number of components. Likert's System Analysis Model (1967), Six Box Model (Weisbord, 1978), Tichy's Technical, Political, and Cultural (TPC) Model (1983), Leavitt's Model (1965), Individual and Group Behavior Pathology (Harrison, 1994), Molecular Model (Cook, 2003), and Strategic Pathology Model (Schell, 2004) were designed by only one author while others were the result of teamwork.

C. Comparison of organizational pathology models

Table (2) shows the comparison of different organizational pathology models based on their components.

Table (2): Comparison of the organizational pathology models

Component Model	Structure	Culture	Systems	Strategy	Motivatio	Leadershi	Staff	Developm	Goal	Planning	Customer Marketing	Skill	Communi	Financial	Training	Environm	Group	Job Traits	Time	Work
Levitt (Morton)	*											*	*							*
System Analysis (Likert)			*		*	*			*				*							
7S (Peters & Waterman)	*	*	*	*		*	*		*											
Technical, Political Cultural (TPC) (Tichy)				*	*	*	*		*				*			*			*	
Performance Programing (Nelson & Burns)	*				*	*		*	*	*			*						*	
Behavior Pathology (Harrison)	*	*			*												*			*
Causal (Burke & Litwin)	*	*	*	*	*	*			*			*				*	*	*		
Six Box (Weisbord)	*				*	*			*	*			*							
Molecule (Cook)	*	*	*			*			*							*				
System Pathology (Clark & Copman)	*	*	*	*				*					*			*		*		
Congruence (Nadler & Tushman)				*												*			*	

Differentiation & Integration (Lawrence)	*							*						*				*	
Managerial Consulting (Armstrong & Wheatley)						*	*		*		*								*
Strategic Pathology (Schell)	*			*		*		*		*	*		*	*					
Score Card (Kaplan & Norton)							*		*				*						
Organizational Excellence (European Foundation Quality Management)					*		*	*		*									

In terms of the component types, although different and sometimes synonymous terminologies are used, most models have similar components such as structure, systems, goals and missions, strategies, management and leadership styles, communication and development, and continuous improvement. However, a few components including financial, marketing, and customer-oriented dimensions were present in only three models. In addition, based on the literature review and content analysis, most of these models emphasize organizational rather than individual and environmental aspects.

The High Performance Programming Model (Nelson & Burns, 1984), Strategic Pathology Model (Schell, 2004), and Causal Model (Burke & Litwin, 1992) are more complex than other models. Given the dimensions and elements of the models introduced, it seems some models such as Strategic Pathology Model (Schell, 2004), Organizational Excellence of the European Foundation Quality Management Model (1989), Managerial Consulting Model (Armstrong & Wheatley, 1990), and Balanced Score Card Model (Kaplan & Norton, 1992) are perfectly suitable for business organizations while some others such as Six Box Weisbord Model (1978), Systematic Analysis Model (Likert, 1967), 7S Model (Peter & Waterman, 1980), High Performance Programming Model (Nelson & Burns, 1984), Causal Model (Burke & Litwin, 1992), and Individual and Group Behavioral Pathology (Harrison, 2004) are more appropriate for educational organizations.

Based on the examination of the aforementioned models and the conditions of the Iranian society and organizational environment, the present study proposed a model comprising some of the common elements in the already proposed models.

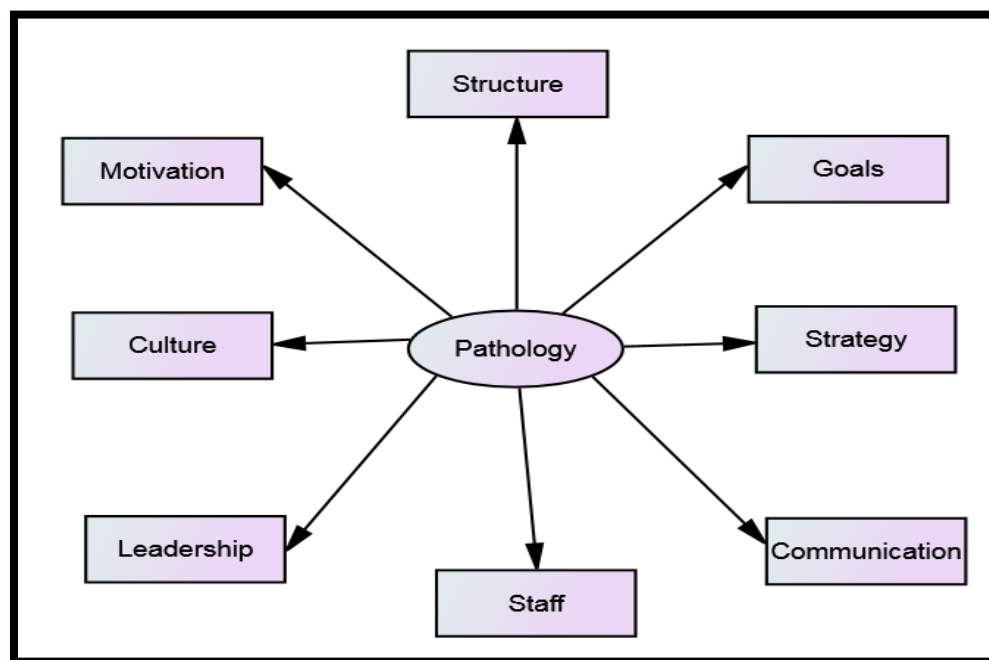


Figure (1): The proposed model in this study

4. Conclusion

Given the increasing complexity of organizations and multiplicity of factors affecting their performance, it is absolutely essential to apply organizational pathology to identify and effectively deal with the strengths and weaknesses of Iranian organizations. Over the last 50 years, several organizational pathology models with certain strengths and weakness have been proposed. It is noteworthy that none of these models could be considered comprehensive. In fact, some are individualistic while others are mostly organizational. Moreover, some models have been particularly designed for business organizations while others could only be applied to educational and cultural organizations. Hence, it is very difficult for organizational pathologists to choose a particular model to implement in a certain organizational environment. On the other hand, the implementation of any of these models is costly. In addition, time constraints, environmental dynamics and competition, stakeholders' expectations, etc. do not allow trial and error. Therefore, it is very important to choose the most appropriate model based on comprehensive criteria for organization planning to achieve excellence. Therefore, this study attempted to compare and

contrast several organizational pathology patterns and propose a comprehensive model for Iranian organizations.

The findings of the present study indicated that the models had several dimensions such as structure, organizational culture, systems, strategy, motivation, leadership, development and improvement, goals, planning, customer orientation, marketing, skills, communication, finance, training, environment, group status, job traits, time, and work method. Some of these elements are present in most models while some are only seen in a few models. Most models take into account the characteristics of the environment in which the organization or company is operating. In fact, most model designers have acknowledged that organizations are open systems closely interacting with their environment. Therefore, they have highlighted the essential role of the external environment for organizational performance.

As to the second research question, the findings showed that components such as organizational structure, goals, leadership styles, strategy, motivation and reward system, communication, organizational culture, and employees are common elements in these models. A growing body of research indicates most damages in organizations are related to these dimensions. More specifically, several studies have showed that damages in many companies could be attributed to goal, structure, reward, leadership style, and communication (e.g., Mahmudi Kochaksaraei et al., 2015; Soltani et al., 2018; Rahimi et al., 2011), reward and motivation, and organizational culture (Saleem & Ghani, 2013; Slack & Singh, 2018). Hence, these element are highly important for organizational pathology. As for the third research question, the findings showed that some components such as time, job traits, work methods, marketing, and customer orientation were present in some models but neglected in others, which might be due to the fact that some of these elements are not applicable in some organizations. Therefore, some models such as Balanced Score Card (Kaplan & Norton, 1992), Differentiation and Integration Model (Lawrence, 1967), and Managerial Consulting Model (Armstrong & Wheatley, 1990) have different elements.

It is noteworthy that the choice of a particular model and its application in organizational pathology heavily depends on the assumptions, values, expertise of the agent of change, resources, mission, organization culture, and members' needs and abilities. Therefore, decision makers and organizational researchers should carefully choose the most appropriate model based on several organizational and environmental considerations. The present study proposed a comprehensive model based on the existing patterns by taking into account different environmental and organizational conditions in Iran (Figure 1). Given the complexity of the models and the particular organizational conditions in Iran, it is highly suggested that Iranian managers choose the

comprehensive model proposed here which includes elements such as organizational structure, organizational culture, communication, management and leadership styles, motivation and reward system, staff, and strategies. Iranian organizational analysts could also integrate some models such as Strategic Pathology Model (Schell, 2004), Organizational Excellence Model (European Foundation Quality Management, 1989), Managerial Consulting Model (Armstrong & Wheatley, 1990), and Balanced Score Card (Kaplan & Norton, 1992) for business organizations and Six Box Model (Weisbord, 1978), Likert's System Analysis Model (1967), 7S Model (Peter & Waterman, 1980), Organizational Excellence Model (European Foundation Quality Management, 1989), Burke and Litwin's Causal Model (1992), and Individual and Group Behavior Pathology (Harrison, 1994) for educational organizations. The present study aimed to integrate several organizational pathology models to propose a comprehensive model applicable to the Iranian context. Future studies should revise this model and provide several specific models based on the particular organizational conditions in different industries (e.g., textile engineering) and different organizations (e.g., Ministry of Education). One major limitation of the current study was that only models proposed before 2000 were considered. Therefore, further research should deeply examine models developed over the past two decades.

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